Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

		(ITOIOT III		ust be clear an			<u> </u>	
Filer Identification	on		Report File	d By Candid	ate	Committee		Lobbyist
Number			(Mark X)		لطا	· , .		
Name of Filing Co Lobbyist	ommittee, Ca	ndidate or	Rose	mary	Shoud	and		
Street Address	413		Co	lorado	n DP			
City		Erre_		State	Pa-	Zip Code	16505	
Type of Report (P	Place x under i							
					L C 20 Day Day	7 4	Special 2 nd Friday	Special 30 Day
1-6 th Tuesday Pre-Primary	2- 2"" Friday Pre-Primary	1	4- 6th Tuesda Pre- Election	-	i	7- Annuai	Pre-Election	Post-Election
Date Of Election			Year		Amendment		Termination	
(MM/DD/YYYY)		Nov5	2019		Report		Report	
Summary of Rece	eipts and	From Date	To D	ate 10-21-19	1	For	Office Use Only	
Expenditures				10-21-19			~	ى
A. Amount Broug	ght Forward F	rom Last Report	\$				Sol S	3 6 6 7 7
B. Total Monetar (From Schedule I	*	ns and Receipts	\$				ERIE COUNTY TER REGISTRATION	
C. Total Funds Av	•		\$				2011	216
(Sum of Lines A a				•			<u>e</u>	
D. Total Expendit			\$ 7	00 1 D /.				
(From Schedule I	II)			881.06			27	rş
E. Ending Cash Ba			\$,					26
(Subtract Line D					Ī		2	Q,
F. Value of In-Kin (From Schedule I		ns Received	\$,	
G. Unpaid Debts	_	ns	\$					
(From Schedule I	V)		8	g				
			8	ლ Affinavit Se				
Part 1- If this is a Co							rue, correct and comple	ete .
Sworn to and subsc					Descoring knowled	uge and bener t	rue, yorrect and compr	
	Ducher	20 19	nsylvania .	ounty pires Apri mber 128 Associatio	Rouma	4 Sh	eredan)	
Lonia	You	rande			J Signature	of Person Subn	ittipg report Shirudo	<u>un</u>)
	ignature)) - J 2		Erie t commission es Commission n. r. Pennsylvania	614.	Printed Man	ie ノムコーム・ロック	
My Commission exp	oires <u> </u>	DAY YR.	nonwealth of Tonia Ferma	Comm Pen Pen	Area Code		vtime Telephone Numb	er
			1 =	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as								
amended.	nat to the best	or my knowledge a	ind beneficial	John Hiller	nas not violated an	ny provisions or	me nee or suite 3, 133,	(1 1555, 140.520) 43
Sworn to and subscribed before me this								
day ofSignature of Candidate								
Signature of Candidate								
Signature Printed Name								
My Commission exp	oires		_					
	MO.	DAY YR.			Area Code	Day	time Telephone Numbe	er .
,								

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page. Item B)	\$

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

ruer id	entification Numb	ier				
						Amount
Fuli Na Comm	ame of Contribu littee	ting			Date [MM/DD/YYYY]] \$
House	#	Street Address			Date [MM/DD/YYYY]	1 \$
City			State	Zip Code	Date [MM/DD/YYYY]	1 \$
Full Na Comm	me of Contribu ittee	ting			Date [MM/DD/YYYY]	1 \$
House	#	Street Address			Date [MM/DD/YYYY]	1 \$
City			State	Zip Code	Date [MM/DD/YYYY]	1 \$
Full Na Comm	me of Contribut ittee	ting	, <u>, , , , , , , , , , , , , , , , , , </u>		Date [MM/DD/YYYY]	\$
House	#	Street Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na Commi	me of Contribut ittee	ting			Date [MM/DD/YYYY]	\$
House	#	Street Address		***	Date [MM/DD/YYYY]	\$
City	•		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na Commi	me of Contribut ttee	ing			Date [MM/DD/YYYY]	\$
House	#	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
City	I	. I	State	Zip Code	Date [MM/DD/YYYY]	\$
Commi					Date [MM/DD/YYYY]	\$
House i	!	Street Address			Date [MM/DD/YYYY]	\$
City		1	State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

THET IG	ientineation Autiliter:					·	
Full Na	ame of Contributor				Date [MM/DD/YYYY]	\$	
House	# Stro	eet Address		-	Date [MM/DD/YYYY]	\$	
City		,	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Na	ame of Contributor				Date [MM/DD/YYYY]	\$	""
House	# Stre	eet Address			Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House	Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Na	nme of Contributor		1		Date [MM/DD/YYYY]	\$	
House	# Stre	eet Address			Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	-
	me of Contributor				Date [MM/DD/YYYY]	\$	
House #	Stre	eet Address			Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Nar	me of Contributor	 			Date [MM/DD/YYYY]	\$	
		·			· · · · · · · · · · · · · · · · · · ·		
House #	# Stre	eet Address		Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

1110.110	entification Number.					
	ame of				Date [MM/DD/YYYY]	\$
	buting Committee					
House	# Str	reet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na Contrib	ame of buting Committee				Date [MM/DD/YYYY]	\$
House	# Str	reet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$ 7.54 A 11/10 TTO ATTO
Full Na Contrib	nme of buting Committee			<u> </u>	Date [MM/DD/YYYY]	\$ -
House	# Str	reet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na Contrib	me of outing Committee		· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$ <u> </u>
House i	# Stre	eet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nai Contrib	me of outing Committee				Date [MM/DD/YYYY]	\$
House #	# Stre	eet Address			Date [MM/DD/YYYY]	\$
City		l.	State	Zip Code	Date [MM/DD/YYYY]	\$
Fuli Nar Contrib	me of outing Committee		<u>.</u>		Date [MM/DD/YYYY]	\$
House #	Stre	eet Address			Date [MM/DD/YYYY]	\$ -
City			State	Zip Code	Date [MM/DD/YYYY]	\$

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Ider	ntification Number:			,			
<u> </u>							
Full Nar	me of Contributor	;			Date [MM/DD/)/YYYY] \$	T
House #	Str	reet Address			Date (MM/DD))/YYYY] \$	
City	- 	<u></u>	State	Zip Code	Date [MM/DD/)/YYYY] \$	
Employs	er Name				Occupation		
	er Mailing Address						
Principal	al Place of Business	ss					
Full Nam	me of Contributor				Date [MM/DD/	/ YYYY] \$	
l		1.			· .		
House #	Str	reet Address			Date [MM/DD/	/YYYY] \$	
l			_				
City	<u></u>		State	Zip Code	Date (MM/DD/	/YYYY] \$	
Employe					Occupation		
	er Mailing Address				<u> </u>		
	l Place of Business ne of Contributor				Data (MAM/DD		
Fun reas	e or concessed.				Date [MM/DD/	<u>/YYYY]</u> \$	
House #	Str	reet Address		, (-1.4) <u></u>	Date [MM/DD	Sanna 6	
fivas.		et Aduress			Date [MM/DD/	/YYYY] \$	
City	1		State	The Code	Data (BABA/DD		
City			State	Zip Code	Date [MM/DD/	/YYYY] \$	
Employer	r Name				Occupation		1
	er Mailing Address	,			•		
	er Mailing Address I Place of Business						
	ne of Contributor				Date [MM/DD/	/YYYY] \$	
İ					· · · · · · · · · · · · · · · · · · ·	,	1
House #	Stre	eet Address			Date [MM/DD/	/YYYY] \$	
į į			•			11111	1
City	<u>L</u>		State	Zip Code	Date [MM/DD/)	/YYYY] \$	
						1111	1
Employer	r Name		<u> </u>		Occupation		
	r Mailing Address						
	Place of Business						

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:			
Full Name			
House # Str	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Str	eet Address		AND
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Stre	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Stre	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1		
Full Name			
	et Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	t to		
Full Name			
	et Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	·	·	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$56	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	A PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

			VALUE O: \$30,01		
Filer Ider	ntification Number:				
Full Nan	ne of Contributor			Date [MM/DD/YYYY]	\$
House #	Stre	eet Address		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Descript	tion of Contributio	ın			
Full Nan	ne of Contributor			Date [MM/DD/YYYY]	\$
House #	Stre	eet Address		Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
	ion of Contribution	n			·
Full Nam	ne of Contributor			Date [MM/DD/YYYY]	\$
House #	Stre	eet Address		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	ion of Contributior	n .			
Full Nam	e of Contributor			Date [MM/DD/YYYY]	\$
House #	Stre	eet Address		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	on of Contribution				
Full Name	e of Contributor			Date [MM/DD/YYYY]	\$
House #	Stree	et Address		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Doscrintic	on of Contribution		<u></u>		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

				AWINE OA				
Filer Iden	ntification Number:							
Full Nam	me of Contributor					Date [MM/DD/	/YYYY]	\$
House #	Stre	reet Address				Date [MM/DD/	<u>/YYYY]</u>	\$
City			State	Zip Code	T	Date [MM/DD/	<u>/YYYY]</u>	\$
Employe	er Name				<u> </u>	Occupation	T	
	er Mailing Address f Business	/ Principal				Description of Contribution		
Full Nam	me of Contributor					Date [MM/DD/	/YYYY]	\$
İ	,							ı
House #	House # Street Address					Date [MM/DD/	<u>/YYYY]</u>	\$
City	1		State	Zip Code	***************************************	Date [MM/DD/	<u>/YYYY]</u>	\$
Employe	r Name				<u> </u>	Occupation		
	er Mailing Address Business	/ Principal		· ·		Description of Contribution		!
FII Nam	ne of Contributor	T					Forest	
						Date [MM/DD/		\$
House #	Stree	eet Address				Date [MM/DD/	_	\$
City			State	Zip Code		Date [MM/DD/	YYYY]	\$
Employe				<u> </u>		Occupation		
Employer Place of E	er Mailing Address , Business	/ Principal				Description of		
				·····		Contribution		
Full Name	ne of Contributor					Date [MM/DD/	YYYY]	\$
House #	Stree	et Address			.	Date [MM/DD/	/ YYYY]	\$
			• • •				<u>-</u>	
City			State	Zip Code		Date [MM/DD/	YYYY]	\$
Employer	r Name					Occupation		
Employer Place of B	r Mailing Address / Business	/ Principal				Description of Contribution		

Statement of Expenditures

Filer Identification Number:			
The facilitation (421) ber.			
	i		

Nouse # Street Address S4D West 18th 1 Street Address S	Prosecution Signal Process Pro	1 22		1						
Street Address Stp West Beth Description of Expenditure Code NoSQ2	Street Address Street Address State State State State Street Address Street	To W	hom Paid	DESANT	tin 6	dons			Date [MM/DD/YYYY] \$	1.150.10
Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Stre	City Luce State Street Address	Hous	e#			_//	4-1	241 -4	Description of Expenditure	
To Whom Paid Description of Expenditure Street Address P.D. Bod 3056 Description of Expenditure Paid Code Paid 200 Paid 3007 Paid	To Whom Paid Street Address State Pa Zip Date IMM/DD/YYYI \$ A33.04		<u>, </u>			Wex		3000	yard per	ms
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Street Address State Street Address State Street Address State State State Street Address State Street Address Street	Street Address State Street Address State State Address State Address State Address	To W	hom Paid	_			<u>.</u>		Date [MM/DD/YYYY] \$	
City ULLE State Zip Code 16502 Campaign Bardado To Whom Paid Street Address P.O. Bod 3056 Description of Expenditure	City ULLE State Zip Code 16502 Campaign Badaga State Address Code 16502 Date [MM/DD/YYY] \$ 235.00 House # Strate Address P.D. Boy 3056 Description of Expenditure City ULLE State P.D. Zip Code Date [MM/DD/YYY] \$ 335.00 House # Strate Address 2501 Libert 1250 Description of Expenditure City ULLE State P.D. Zip Code 16505 Code C	<u></u>	w.l		ntex	Sug	ns		04032019	
To Whom Paid Sun or New York House # Street Address P. D. Box 3056 City Use State Pa Code To Whom Paid City Use State Pa Code City Date [MM/DD/YYYY] \$ Code Code Code Code Code Code Code Code	To Whom Paid Sun or New State Pa Sop Box 3056 House # Street Address PD Box 3056 City Use State Pa Code To Whom Paid City Use State Pa Code City Date [MM/DD/YYYY] \$ 83.00 Description of Expenditure No Lange Pa Date [MM/DD/YYYY] \$ 1000 Page	Hous			540	We	st	18 tast	Description of Expenditure Campaus	Badas
To Whom Paid Street Address P. D. Boy 3056 Description of Expenditure State Pa Zip Description of Expenditure Date [MM/DD/YYY] \$ 235.00 Date [MM/DD/YYY] \$ 235.00 Date [MM/DD/YYY] \$ 235.00 Date [MM/DD/YYY] \$ 235.06 Date [MM/DD/YYY] \$ 235.00 Date [MM/DD/YY	To Whom Paid Street Address P.D. BOL 3056 Description of Expenditure	City	4	ue_	State			16502		
Street Address P.D. Box 3056 Description of Expenditure	House # Street Address P.D Box 3056 City Luce State Pa Zip Code To Whom Paid City Luce State Pa Zip Code Date [MM/DD/YYY] \$ 233.06 Description of Expenditure Date [MM/DD/YYY] \$ 233.06 Description of Expenditure City Luce State Pa Zip Description of Expenditure City Luce State Pa Zip Description of Expenditure To Whom Paid Street Address 1353 W 350 Description of Expenditure City Luce State Code 16505 Description of Expenditure City Luce State Code 16505 Description of Expenditure To Whom Paid Street Address 1353 W 350 Description of Expenditure To Whom Paid City Luce State Street Address Description of Expenditure City Luce State Zip Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure Description of Expenditure	To W			1	٠,			Date [MM/DD/YYYY] \$	
City Luce State Pa Zip Code To Whom Paid USSLOVE Date [MM/DD/YYY] \$ 233.06 Doscription of Expenditure City Luce State Pa Zip Code 1/6505 Close Address To Whom Paid Street Address / 353. W. State City Luce State Pa Zip Code 1/6505 Close Address To Whom Paid Street Address / 353. W. State City Luce State Zip Code 1/6505 Address To Whom Paid Street Address Zip Code 1/6505 Address Description of Expenditure To Whom Paid Street Address Zip Code 1/6505 Address Description of Expenditure Date [MM/DD/YYY] \$ 23.00 Doscription of Expenditure Description of Expenditure Description of Expenditure To Whom Paid House # Street Address Description of Expenditure Date [MM/DD/YYY] \$ 1/6 Code Description of Expenditure Date [MM/DD/YYY] \$ 1/6 Code Date [MM/DD/YYYY] \$ 1/	City Unite State Pa Zip Code To Whom Paid City Unite State Pa Zip Code City Unite State Pa Zip Code To Whom Paid Street Address To Whom Paid To Whom Paid To Whom Paid Street Address To Whom Paid To Whom Paid Street Address State State To Whom Paid Street Address State State To Whom Paid Street Address State State State To Whom Paid Street Address State Street Address Description of Expenditure Notable Address Description of Expenditure Notable Address Description of Expenditure Notable Address Description of Expenditure Notable Address Description of Expenditure To Whom Paid Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY]			حر	nio	r Nei	uls			235.00
To Whom Paid Street Address State Pu Code Date MM/DD/YYYY \$ \$ \$ \$ \$ \$ \$ \$ \$	To Whom Paid Street Address Street	House	e#	Street Address	P.E	Box	303	56	Description of Expenditure	
To Whom Paid	To Whom Paid Street Address Street Address State Pu Zip Code IUSOS Date [MM/DD/YYY] \$ \$ \$ \$ \$ \$ \$ \$ \$	City	4	me	State	Pa			ad	
House # Street Address 2501 West 12th Description of Expenditure City Well State Pu Zip Code 1/6505 Cloby hangers To Whom Paid Street Address 1353 W. 300 Description of Expenditure City Well State Zip Code 1/6505 Notary 90.90 House # Street Address 1353 W. 300 Description of Expenditure To Whom Paid Sul Street Address 250 Notary 250 Description of Expenditure City Well Street Address 250 W. 300 Description of Expenditure City Well Street Address 250 Description of Expenditure City Well Street Address 250 Description of Expenditure City Whom Paid Description of Expenditure City Street Address Description of Expenditure City Street Address Description of Expenditure City Street Address Description of Expenditure City Street Address Description of Expenditure City Street Address Description of Expenditure City State Zip Description of Expenditure City Street Address Description of Expenditure City State Zip Description of Expenditure City State Zip Description of Expenditure City State Zip Description of Expenditure City State Zip Description of Expenditure		To W							Date [MM/DD/VVVV] \$	
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		House	#	Street Address					Description of Expenditure	
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SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

	ntification Number:				
Name o	f Creditor		Gener New	5_	Outstanding Balance of Debt
House #	Jue	eet Address	P.O. Box 3056	10/1/2019	\$ 7
	Eure_		State P Cu	/Zip Code	1
Descript	tion of Debt — ao	ls of	on oct/Nov.		
Name of	f Creditor	V			Outstanding Balance of Debt
House #	Stre	et Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	-
Descript	tion of Debt				
Name of	f Creditor				Outstanding Balance of Debt
House #	Stree	et Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		L	State	Zip Code	-
Description of Debt		· · · · ·		<u> </u>	<u> </u>
Descript	ion of pept	<u>.</u>			•
Name of	Creditor				Outstanding Balance of Debt
	Creditor	et Address		DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
Name of House #	f Creditor Street	et Address	State		
Name of House # City Description	f Creditor Street	et Address	State	[MM/DD/YYYY]	
Name of House # City Description	ion of Debt		State	[MM/DD/YYYY] Zip Code	Outstanding Balance of Debt
Name of House # City Description	ion of Debt	et Address	State	[MM/DD/YYYY]	\$
Name of House # City Descripti Name of House #	ion of Debt Creditor Stree		State	Zip Code DATE DEBT INCURRED	Outstanding Balance of Debt
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